

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DM</i>		<i>444</i>
O.I.P.E. CLASSIFIER	<i>V100</i>	<i>32</i>	<i>05-16-01</i>
FORMALITY REVIEW	<i>BZ</i>	<i>JC3-883</i>	<i>05-17-01</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/22/02
2	✓	✓	1/22/02
3	✓	✓	1/22/02
4	N	N	
5	N	N	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	N	N	
16	N	N	
17	0	0	
18	0	0	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	0	=
24	N	N	=
25	N	N	=
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	0	=	=
30	0	=	=
31	N	#	
32	0	=	
33	0	=	
34	0	0	=
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	N	N	U
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50	N	N	N

Claim	Final	Original	Date
51	✓	✓	1/22/02
52	N	N	1/22/02
53			1/22/02
54			1/22/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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